

GENERAL FACT SHEET

BILL NUMBER 11R-229

BRIEF TITLE	APPROVAL DEADLINE	REASON
Waste Hauling Services, Bid 09-212		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to renew the agreement for Waste Hauling Services, from Waste Connections of Nebraska, Inc., effective November 1, 2011 for a two (2) year period with the agreement to a 3% price increase as stated in Attachment A. This service will be used by all City Departments for the collection of waste as needed.	Sponsor	Purchasing
	Program Departments, or Groups Affected	All City of Lincoln Departments
	Applicants/Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

Resolution to renew the agreement for Waste Hauling Services, from Waste Connections of Nebraska, Inc., effective November 1, 2011 for a two (2) year period with the agreement to a 3% price increase as stated in Attachment A. This service will be used by all City Departments for the collection of waste as needed.	POLICY OR PROGRAM CHANGE	X NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %
BENEFIT COST <input type="checkbox"/> Front Foot Assessment Average <input type="checkbox"/> Square Foot \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bob Walla

REVIEW BY:

REFERENCE NUMBER